		FACILITY PERMIT			30-AB-0018		
Name and Street Address of Facility: Santiago Canyon Sanitary Landfill 3099 Santiago Canyon Road Orange County, CA 92862		3. Name and Mailing Address of Operator: Orange County Integrated Waste Management Department 320 N. Flower Street, Suite 400 Santa Ana, CA 92703		4. Name and Mailing Address of Owner: The Irvine Company P.O. Box 1 550 Newport Center Drive Newport Beach, CA 92660			
							Specifications:
	n	Composting Facility	[] P:	rocessing Facility			
Permitted Operations:		(mixed wastes)					
		Composting Facility (yard waste)	11 1	ransfer Station			
	[X]	Landfill Disposal Site	[] T	ransformation Facility			
Permitted Hours of O	peration:	Material Recovery Facility	[] 0	Other:			
Disposal Ope	erations	6:0	0 a.m. – 5:30 p.m., M	onday – Saturday			
Maintenance			s per day, Monday – S	•			
Permitted Tons per Ope	erating Day:		490	OTons/Day (i	Maximum)		
Non-Hazardous - General			NATons/Day				
Non-Hazardous - Sludg	e and as comingled rec	clables		NATons/Day NATons/Day			
Non-Hazardous - Separated or comingled recyclables Non-Hazardous - Other (See Section 14 of Permit)				NATons/Day			
Designated (See Section	14 of Permit)	,		NA Tons/Day			
Hazardous (See Section			N	Tons/Day			
Permitted Traffic Volum	ne: .		· NA	Total: Vehic	les/Day		
Incoming waste materia	le.		NA	Vehicles/D	av		
Outgoing waste materia			NA				
Outgoing materials from	n material recovery op	erations	Na	Vehicles/D	ay		
Key Design Parameters	(Detailed parameter	s are shown on site plans bearing	LEA and CIWMB va	alidations):			
	Total	Disposal	Transfer	MRF	Composting	Transformation	
ermitted Area (in acres)	184.65 a	130 a	NA	NA NA	NA NA	NA NA	
esign Capacity		26,000,000 cy	NA NA	NA NA	NA NA	NA NA	
ax. Elevation (Ft. MSL)		1,220 ft				2 0/07 Mr. 1 10000	
ax. Depth (Ft. BGS)		335 ft				4 9 15176 U	
stimated Closure Date	and the second second second	December 31, 2001	Since the second	All the control of the control	aliku yan iliyatiya Mara	,	
	design or operation fr	om that described herein, this permit	is subject to revocation	on or suspension. The st	ipulated permit finding	gs and conditions	
pon a significant change in	. 1 .1	ions of any previously issued permit.			engr Name and Add	ress:	
tegral parts of this permit &	x supersede the condi-			7 Enforcement Ag			
tegral parts of this permit &	& supersede the condi	•		7. Enforcement Ag	ency Ivame and Add		
tegral parts of this permit &	supersede the condi			County of C	Orange/Health Care A	gency	
tegral parts of this permit &	The			County of C	Drange/Health Care A ntal Health Division	-	
Approving Officer Signature	The Me			County of C Environment Solid Waste	Drange/Health Care A ntal Health Division Local Enforcement A	-	
Approval:	The Me			County of C Environment Solid Waste	Drange/Health Care A ntal Health Division Local Enforcement A inger Avenue	-	
Approving Officer Signatural Jack Miller, REHS – Direct Name/Title	The Me		e:	County of C Environmer Solid Waste 2009 E. Ed	Orange/Health Care A ntal Health Division Local Enforcement A inger Avenue CA 92705	-	
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Approving Officer Signature Jack Miller, REHS – Direct Name/Title Received by CIWMB: March 24,	are During to the stor of Environmental 1994	Health 9. CIWMB Concurrence Date		County of C Environmer Solid Waste 2009 E. Ed Santa Ana,	Orange/Health Care A ntal Health Division Local Enforcement A inger Avenue CA 92705 Date: May 16, 1994	-	
Approval: Approving Officer Signature Jack Miller, REHS – Direct Name/Title 8. Received by CIWMB: March 24,	are Due Date:	Health 9. CIWMB Concurrence Date May 6, 1994		County of C Environmer Solid Waste 2009 E. Ed Santa Ana,	Orange/Health Care A ntal Health Division Local Enforcement A inger Avenue CA 92705 Date: May 16, 1994	-	
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